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别为	Washington State DEPARTMENT OF SOCIAL 6 HEALTH

## SELE-EMPLOYMENT WORKSHEET

SELI-LIVII L	OTHILINT WORKS	· · · · · · · · · · · · · · · · · · ·			
DEPARTMENT OF SOCIAL 6 HEALTH Month of:		CLIENT ID	)		
1. BUSINESS NAME		TYPE OF BUSINESS			
2. BUSINESS STREET ADDRESS		CITY	STATE	71	P CODE
2. BUSINESS STREET ADDRESS		CITT	SIAIE	Δ۱	r CODE
ORGANIZATIONAL STATUS   Partner	ship   Incorpo	rated Sole Proprie	torship		
Partnership or Incorporated member's r	names and relationship	): 			
If incorporated monthly amount poid to	van by comparation.				
If incorporated, monthly amount paid to	you by corporation:				
CHECK A	ND COMPLETE IF ST	ATEMENT APPLIES TO YO	U		
	LAST DAY WORKED	DATE OF LAST PAY	AMOUNT		
☐ I am no longer self-employed					
GROSS BUSINESS INCOME (IN MONTH OF REPORT)		BUSINESS LOCATION/EXPENSES			
(IN MONTH OF REPORT)			I		
EMPLOYEES (Not including yourself, sp	OUSA OF VOUE	1. Is business in your hom	e?	☐ Yes	☐ No
children)	ouse, or your	2. If YES, is the room/area	used	— V	— N-
Wages & Commissions (paid in		or business purposes only	?	☐ Yes	☐ No
month of report)		3. If Yes:			
<u> </u>		Total square footage of you			
Employer share of Social Security taxes (paid in month of report)		Square footage used for bu			
		Rent (For Business Address or nome business only)			
DUCINECO EVDENCEO (maid ambrim		• /	II V/\		
BUSINESS EXPENSES (paid only in month of report)		5. Mortgage (INTEREST ON	NLY)		
Printing		<ol><li>Utilities (including teleph</li></ol>	none,		
· ····································		electricity, water, etc.)			
Postage/Shipping		BUSINESS/TRANSPORTA	TION CO	ST	
		Is your vehicle used for			
Supplies/Materials		pusiness use only?		☐ Yes	☐ No
Advertising/Accounting		2. Total miles driven for mo	nth of		
Advertising/Accounting		report:			
Insurance (business related only)		3. Total miles driven on the	<u>job</u> for		
· · · · · · · · · · · · · · · · · · ·		month of report:  4. Vehicle repairs for vehicle	a uood		
Business Licenses, trade dues, etc.		for business (paid in month			
<b>5</b>		report:)	OI		
Business Loan (Interest paid only)		5. Registration & license fee	es for		
Business tax (sales, U.I., L&I, B&O,		vehicle used for business (p	aid in		
etc. )		month of report: )			
Other (list and describe)		6. Interest only from payn			
		on vehicles used for busine (paid in month of report):	SS		
		7. Check and complete of	one:		
		☐ I want to deduct \$.32.5			
		mile for gas, oil and flui			
		☐ I want to deduct actual			
		expenses for gas, oil ar	nd		
		fluids.			

NAME